

We have 3 main HIPAA e-news items below:

- Documents from the Feb. 25 Statewide HIPAA Workgroup Meeting
- Taxonomy code set beta test site available
- California HIPAA Privacy Implementation Guides Released by California HealthCare Foundation

As always: Please be sure to note that in some cases the information presented may be the opinion of the original author. We need to be sure to view it in the context of our own organizations and environment. In some cases you may need legal opinions and/or decision documentation when interpreting the rules.

My thanks to all the folks who have shared information for this e-news.
Have a great day!!!
Ken

Interesting topics below:

Documents from Feb. 25's Statewide Workgroup Meeting:

- Restructure of the HIPAA Statewide Workgroups - ATTACHED
- Code Set Maintenance Organizations by Marchel Burgess and Russ Hart - ATTACHED

- DSMO MOU Change Management Process by Marchel Burgess and Russ Hart - ATTACHED

- [healthprivacy-news] California HIPAA Privacy Implementation Guides Released by California HealthCare Foundation

- Taxonomy code set beta test site available

- [hipaalive] Timelines?

- [hipaalive] TCS: Required Fields

- [hipaalive] TCS: Good News about Coding for Home Infusion Services

- HIPAA NOTE -- Vol 2, Num 8 -- Feb 27, 2002

- HIPAA Implementation Newsletter - Issue #28 - February 22, 2002 - ATTACHED

- [hipaalert] HIPAA Alert - Vol. 3, No. 2 - 2/26/02 - ATTACHED

***** [healthprivacy-news] California HIPAA Privacy Implementation Guides Released *****

>>> info@healthprivacy.org 02/25/02 07:57AM >>>

Today the California HealthCare Foundation released a series of guides designed

to help California health plans, providers, and pharmacists understand the requirements of the new Federal Health Privacy Rule. The guides, written by the

Health Privacy Project, explain how the Privacy Rule issued under HIPAA interact

with existing California privacy law.

Three versions of the guide are available, tailored to the needs of different sectors of the health care industry: Health Care Providers (Including Doctors and Hospitals); Health Insurers and Health Care Service Plans; and Pharmacists, Physical Therapists, and Others. The guides are available for download from the Foundation's Web site (<http://www.chcf.org>). Hard copies can be ordered through www.chcf.org or by calling 1-888-430-CHCF (2423).

***** Taxonomy code set beta test site available

>>> SFrank1@CMS.HHS.GOV 02/21/02 11:18AM >>>

Dear NMEH,

The Taxonomy committee of the NUCC has been working hard to restructure, clean up and approve new codes for the Provider Taxonomy code list, and contracted to have it loaded on the internet. The beta test version of the site is now available at

www.wpc-edl.com/codes

While some of the web site functionality bugs still have to be worked out, the content is now up to date and you can use this site to view all codes, new codes, or selected parts of the list.

I repeat; this is a test version of the web site. I am providing this information so you will not have to wait any longer to view the codes that have been approved in the past year.

The NMEH Provider Taxonomy sub-workgroup is well represented on the NUCC Provider Taxonomy Code Maintenance Committee. The NMEH group is mapping the codes from multiple states, by category. Not all categories have been completed, so not all Medicaid requests have been submitted to the NUCC committee. The list you will see on the web site contains all the codes that have been requested to date.

Sheila

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***** [hipaalive] Timelines?

Status of HIPAA Regulations Compliance Calendar

As Presented by HHS Staff at the February, 2002 Meeting of the NUCC/NUBC
- Reprinted with permission of NCHICA can be found at:

<http://www.hipaadvisory.com/regs/compliancecal.htm>

***** [hipaalive] TCS: Required Fields

*** HIPAAlive! From Phoenix Health Systems/HIPAAAdvisory.com ***

You can download the Implementation Guide from

http://www.wpc-edi.com/hipaa/HIPAA_40.asp and this will provide you with all

the required fields. You need to be careful because there are not that many fields that are always required, but there are a lot that are "situational" and which MUST BE USED if certain conditions apply. Depending on your situation many of these conditions will almost certainly apply thus greatly increasing the number of fields that are effectively "required".

***** [hipaalive] TCS: Good News about Coding for Home Infusion Services *****

*** HIPAAlive! From Phoenix Health Systems/HIPAAAdvisory.com ***

I would like briefly re-communicate some information which I understand did not get distributed to everyone.

In the HCPCS 2002 release, approximately 80 new codes are provided that fill

many of the HIPAA "medical code" gaps for home infusion claim service lines. They are in the S section and may be used in commercial and other (non-Medicare) government claims if adopted by payers. Many are for the "per diem" coding that is used in the majority of home infusion commercial claims nationally, albeit currently with local/custom coding. If you have been familiar with the Home Infusion EDI Coalition's HIEC Coding System, you

will find these HCPCS codes map closely to it. These "S" codes support coding for home infusion therapies as well as for enteral, specialty drug, disease state and care management services provided to patients' in their homes.

Through the work of the HIEC organization, the National Home Infusion Association has made available an educational document on home infusion coding entitled the "NHIA National Coding Standard for Home Infusion Claims under HIPAA". This document will answer many of your questions about how

to use the new per diem "S" codes, and teach you how to a HIPAA-compliant home infusion services claim is coded. NHIA HIEC expects these HCPCS "S"

codes will become THE major home infusion coding methodology within the next 18 months.

The document is free and can be obtained at www.nhianet.org. I think payers, providers and others involved with ensuring that home infusion claims will be submitted and processed electronically with HIPAA-compliant codes will find the document and these new HCPCS "S" codes highly useful.
Bruce E Rodman
NHIA HIEC Chair

***** HIPAANOTE -- Vol 2, Num 8 -- Feb 27, 2002

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H I P A A N O T E -- Volume 2, Number 8 -- February 27, 2002

>> From Phoenix Health Systems...HIPAA Knowledge...HIPAA Solutions <<
> Healthcare IT Consulting & Outsourcing <

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This week's HIPAAnote...

*** Consent vs Authorization: Why Are Both Required? ***

The Privacy regulation requires both consents and authorizations - provisions that seem redundant and confusing. Actually, each form of patient permission applies under very different circumstances:

Most health care providers already obtain a patient's written consent before using or disclosing the patient's health information to carry out treatment (direct from provider to patient), payment, or health care operations - TPO, in HIPAA jargon. This is basically disclosure for routine use. Today, many health care providers, for professional or ethical reasons, routinely obtain a patient's authorization for disclosure of information for reasons other than TPO. The Privacy regulation builds on these common practices by establishing a standard for covered health care providers to obtain their patients' agreement to uses or disclosures about patient health information.

So when does consent apply? When a treatment relationship is direct and use is for routine TPO, the provider must obtain the patient's consent via a form signed by the patient. Examples of TPO are disclosure for consultation about diagnosis, referrals to other providers, submitting a claim for payment purposes, and internal quality review. Providers do not have to obtain advance consent if they perform indirect treatment (such as a radiology or lab exam requested by a primary physician) or in special treatment situations such as emergency treatment.

In order to disclose personal health information for any reasons other than TPO, the patient's authorization is needed. The patient may revoke the authorization at any time, or an authorization may expire upon a certain event or date. Authorizations may be patient initiated or initiated by the provider. An example of individually initiated authorization would be authorizing health status disclosure when applying for life insurance. An example of a covered entity initiated authorization would be when a pharmaceutical company requests patient demographic information for company new product marketing purposes. Either way, all authorizations need to be in writing, and signed and dated by the patient.

One last, important, difference between consents and authorizations.... Consents are typically general in nature to enable normal, necessary healthcare delivery follow-through. Authorizations must be written precisely, stating the particular uses for the disclosure and setting other patient-protective parameters such as duration and purpose.

Ken Schulkin
Director, Phoenix Health Systems

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Join us for our February Audioconference:

Getting Something Back: Finding Real Value in your HIPAA Privacy Implementation

Thursday, February 28, 2:00 - 3:00 PM Eastern Time

For more information or to register, go to:
<http://www.hipaadvisory.com/ezcart/index.cfm>

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